

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

011504

UTILITY PATENT APPLICATION TRANSMITTAL <small>Only for new nonprovisional applications under 37 C.F.R. 1.53(b))</small>	Attorney Docket No.	3211.1001-001
	First Named Inventor or Application Identifier	Keizo Koya
	Express Mail Label No.	EV 215729856 US

2553 U.S. PTO
 10/758589
 011504

Title of Invention	TREATMENT FOR CANCERS
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APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450
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1. <input type="checkbox"/> Fee Transmittal Form <i>(Submit an original, and a duplicate for fee processing)</i> 2. <input checked="" type="checkbox"/> Specification Total Pages 109 <i>(preferred arrangement set forth below)</i> - Descriptive title of the invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings <i>(if filed)</i> - Detailed Description - Claim(s) - Abstract of the Disclosure 3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) Total Sheets 7 <input type="checkbox"/> Fig. of the Drawings for Publication <input type="checkbox"/> <input checked="" type="checkbox"/> No Figure to be Published 4. <input type="checkbox"/> Oath or Declaration Total Pages <input type="checkbox"/> a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. 1.63(d)) <i>(for continuation/divisional with Box 17 completed)</i> i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. 1.63(d)(2) and 1.33(b). 5. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <i>(Appendix)</i>	6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form b. <input type="checkbox"/> Paper Copy (identical to computer copy) <input type="checkbox"/> Pages c. <input type="checkbox"/> Statements verifying identity of above copies <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">ACCOMPANYING APPLICATION PARTS</td> </tr> <tr> <td> 7. <input type="checkbox"/> Assignment Papers (cover sheet & documents) <input checked="" type="checkbox"/> Assignee - Synta Pharmaceuticals Corporation Lexington, MA 02421 8. <input type="checkbox"/> Power of Attorney <input type="checkbox"/> 37 C.F.R. 3.73(b) Statement 9. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> 10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 11. <input type="checkbox"/> Preliminary Amendment 12. <input checked="" type="checkbox"/> Return Receipt Postcard 13. <input type="checkbox"/> Small Entity Statement(s) 14a. <input type="checkbox"/> Foreign Priority Claim under 35 U.S.C. §119 or 365 14b. <input type="checkbox"/> Certified Copy of Priority Document(s) 15. <input type="checkbox"/> Nonpublication Request <i>(check parent application)</i> 16. <input type="checkbox"/> Other _____ _____ _____ </td> </tr> </table>	ACCOMPANYING APPLICATION PARTS	7. <input type="checkbox"/> Assignment Papers (cover sheet & documents) <input checked="" type="checkbox"/> Assignee - Synta Pharmaceuticals Corporation Lexington, MA 02421 8. <input type="checkbox"/> Power of Attorney <input type="checkbox"/> 37 C.F.R. 3.73(b) Statement 9. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> 10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 11. <input type="checkbox"/> Preliminary Amendment 12. <input checked="" type="checkbox"/> Return Receipt Postcard 13. <input type="checkbox"/> Small Entity Statement(s) 14a. <input type="checkbox"/> Foreign Priority Claim under 35 U.S.C. §119 or 365 14b. <input type="checkbox"/> Certified Copy of Priority Document(s) 15. <input type="checkbox"/> Nonpublication Request <i>(check parent application)</i> 16. <input type="checkbox"/> Other _____ _____ _____
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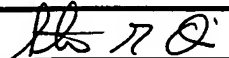
17. If a **CONTINUING APPLICATION**, check appropriate box; supply the requisite information.

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.:

Prior application information: Examiner: Group Art Unit:

The entire disclosure of the prior application is considered a part of the disclosure of the accompanying application and is hereby incorporated by reference.
(Add standard Related Applications section with incorporation by reference to specification or update same)

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